



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 April 30, 2008 Expires: Estimated average burden hours per response 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (Check if this is an amendment and name has changed, and indicate change.) 2006 Revolving Credit Facility								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment								
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the issuer								
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)								
SpaceDev, Inc.								
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
13855 Stowe Drive, Poway, California 92064	(858) 275-2000							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)							
Brief Description of Business	PROCESSED							
Spacecraft	OOT							
Type of Business Organization Corporation	PROCESSED OCT 2 5 2008 THOMSON FINANCIAL CIO							
GENERAL INSTRUCTIONS								
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).								
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.								
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.								
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.								
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.								

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

CCH 520617 0630

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Huntress, Wesley T. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Benson, Susan C. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer General and/or Promoter Beneficial Owner Director Managing Partner Tibbitts, Scott Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Macklin, Frank Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Simpson, Randall K. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Managing Partner Streich, David J. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Sirangelo, Mark N. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Slansky, Richard B. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Benson, James W. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: ☐ Beneficial Owner General and/or Executive Officer Director Managing Partner Estes, Howell M. III Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner McClendon, Scott Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Blake, Curt Dean Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Walker, Robert S. Full Name (Last name first, if individual) 13855 Stowe Drive, Poway, California 92064 Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
1.									Yes	No No			
	Answer also in Appendix, Column 2, if filing underULOE.								Ø				
2.	_							\$ N/A					
3.	Does th	ne offerino	nermit iair	ıt ownerch	in of a cin	nle unit?						Yes	No
4.													
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (Last name first, if individual)													
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ty, State, 2	Zip Code)		 .				
	 -												
Nar	ne of As	sociated B	roker or De	aler									
Stat	tes in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<u> </u>
	(Check	"All States	" or check	individual	States)			•••••	************	·····	· · · · · · · · · · · · · · · · · · ·	🔲 Ali	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	R!	SC	SD	NH TN	TX	UT	VT	NC VA	ND WA	OH WV	WI	OR WY	PA
_									<u> </u>				
rul	I Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Number and	d Street, C	ity, State,	Zip Code)			<u> </u>			
Nar	ne of As	sociated B	roker or De	aler		_		·					
Sta			Listed Has									_	
			s" or check	individual								All	States
	AL IL	[AK]	IA	KS	CA KY	LA	CT	DE	DC	FL	GA	HI	ID
	MT	NE	NV	NH	NJ	NM	NY	NC NC	ND ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	W/A	WV	WI	WY	PR
Full	l Name (Last name	first, if ind	ividual)							- .		
Due	inada ar	Dagidonos	Address (N	J.,	4 Sa4 C	34 C	7'- 6-1-1				·		
Dus	iness of	Residence	Address (F	sumber and	i Sireet, C	ny, State,	Zip Code)						
Nan	ne of As	sociated B	roker or De	aler									<u></u>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA		ID
	1L	IN	ĪA	KS	КҮ	LA	ME	MD	MA	МІ	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Α	mount Already Sold
	Debt	5,000,000.00	\$_	2,000,000.00
	Equity	960,000.00	\$	360,000.00
	Common Preferred			
	Convertible Securities (including warrants)\$	0.00	s	0.00
	Partnership Interests	0.00	\$	0.00
	Other (Specify)	0.00	s	0.00
	Total		\$	2,360,000.00
	Answer also in Appendix, Column 3, if filing underULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$	0.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)	0	\$	0.00
	Answer also in Appendix, Column 4, if filing underULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amoun Sold
	Rule 505	0	\$	0.00
	Regulation A	0	. \$	0,00
	Rule 504	0	S	0.00
	Total	0	\$	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	100.00
	Printing and Engraving Costs		s	100.00
	Logal Fees		\$	15,000.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0,00
	Sales Commissions (specify finders' fees separately)		s	35,000.00
	Other Expenses (identify) Blue Sky Filing Fees; Facility Fee, Common Stock		\$	1,101,410.00
	Total		s	1,151,610.00
			_	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to PartC—Questio and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted g proceeds to the issuer."	ross		\$ 4,	808,390.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be use each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted g proceeds to the issuer set forth in response to PartC—Question 4.b above.	and			
			Payments to Officers, Directors, &		Payments to
			Affiliates		Others
	Salaries and fees			X \$	0.00
	Purchase of real estate	\	0.00	S \$_	0.00
	Purchase, rental or leasing and installation of machinery			_	
	and equipment	_		⊠ §_	0.00
	Construction or leasing of plant buildings and facilities	×	0.00	S \$	0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				
	issuer pursuant to a merger)	X s	0.00	⊠s	0.00
	Repayment of indebtedness	⊠ s	0.00		0.00
	Working capital	⊠s	0.00		4,808,390,00
	Other (specify):	⊠s		⊠s	0.00
				E-3 -	
		🛛 s	0.00	⊠s	0.00
	Column Totals	⊠ \$	0.00	— - ⊠ :	4,808,390.00
					_
	Total Payments Listed (column totals added)	*****	⊠ \$4	,808,39	0.00
	D. FEDERAL SIGNATURE				
ть.					
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this n nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cot	iotice is minissio	n, upon writte	nie 505 en regu	, the following est of its staff
the	information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2	of Rul	e 502.	•	
Iss	uer (Print or Type) Signature	Date	, ,		
Spa	iceDev, Inc.	7	10/14/0	∞	96
Nai	me of Signer (Print or Type)		,		
Ric	hard B. Stansky President				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)